

medicine. The authors offer techniques for doing many of the small tasks which confront doctors. However, satisfactory solutions to these tasks exist in all medical communities and are passed from one generation of doctors to the next almost by osmosis. To devote so much attention to such minutiae implies a low level of knowledge in the reader; surely if the reader needs such practical knowledge, his technical education has been at fault (the fault could lie with the reader's osmotic mechanism) and it is doubtful whether he is prepared to benefit from the more sophisticated chapters. On the other hand, the truly knowledgeable doctor will find little that is attractive in the practical details and may well be offended by the elementary discussion.

The second assumption is that emergencies are first treated in the home, the industrial plant or at the roadside and once the patient is en route to the hospital, the practitioner's responsibilities end. So it may be in England with the rigid exclusion of general practitioners from hospitals, but for American doctors who carry the responsibility into the hospital, a more comprehensive approach is needed.

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PREVENTIVE MEDICINE AND PUBLIC HEALTH — Third Edition—Wilson G. Smillie, A.B., M.D., D.P.H., Sc. D. (Hon.), Professor Emeritus of Public Health and Preventive Medicine, and Edwin D. Kilbourne, B.A., M.D., Professor of Public Health, Cornell University Medical College, New York, N.Y. The Macmillan Company, Macmillan New York, London, 1963. 602 pages, \$9.75. (The Macmillan Company, 60 Fifth Ave., New York 11).

One looks hopefully for a good modern work on Preventive Medicine and Public Health. Rapid advances in medical science have radically altered the opportunities for preventive medicine in private practice and for effective measures to improve health through the activities of public agencies. Simultaneously, technological changes and rapid population growth have aggravated many problems, such as air pollution, and brought new emphasis to them. Physicians need a ready source of information in all these fields. Unfortunately, the revised edition of Smillie's well-known book doesn't fill the bill. Its main fault is superficial treatment of too many topics; for example, to give two and a half pages to health education is either too little or too much. Similarly, a single page on rabies gives neither background knowledge of the epidemiology of the disease nor practical information on the management of dog bite. A major flaw is the dearth of modern references, and especially of references in which the reader may find a fuller treatment of a particular problem.

In comparison with the second edition, the text has been reduced by ten per cent or more, allowing much more attractive typography in a book of the same size. Dr. Edwin Kilbourne appears as a co-author, having prepared the chapters on infectious disease, on air pollution and on medical genetics. The chapter on Statistics has been done by Irwin Bross. Several sections, including the hygiene of housing and sanitation of swimming pools have been dropped, while the material on air pollution and on occupational health has been expanded. And the material on human heredity and disease is entirely new.

A conscientious effort has been made to bring the book up-to-date, and the failure to succeed in full does not invalidate the advances made. Something must be said in favor of the one-man or jointly-authored book as compared to the edited book by many contributors, which latter is so frequently lacking in organization and rarely has uniformity of style.

A significant error must be noted: several compounds are erroneously mentioned as causes of bladder cancer, while the one proved agent, beta naphthylamine, is misnamed.

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DISEASES OF THE EAR—Stuart R. Mawson, M.B. (Camb.), F.R.C.S., D.L.O. (Lond.), Surgeon, Ear, Nose and Throat Department, King's College Hospital, (including Belgrave Hospital for Children), London; Consultant Ear, Nose and Throat Surgeon, Queen Mary's Hospital (Roehampton) London. The Williams & Wilkins Co., Baltimore 2, Md., 1963. 559 pages, \$19.00.

Mr. Mawson has accomplished his self-appointed task of bringing otologic literature up to date admirably in writing this book. The text is excellent and includes all the modern concepts, both in this country and abroad, concerning the anatomy, physiology, pathology and treatment of otologic disease. The illustrations are by a colleague, L. Ludman, F.R.C.S., and are not those of a professional medical illustrator. As a consequence, they might be somewhat vague to an individual not completely acquainted with the anatomy of the ear.

The book is directed not only to otologists but primarily to interns, residents, general practitioners, pediatricians and other disciplines of medicine who might be interested in recent otologic thinking. Some of the text on anatomy and physiology is somewhat confusing to the reviewer as the metaphors used contain terms of mechanical objects and various vegetables not commonly used in this country. Also some of the medications and drugs discussed in the book have different names on this continent.

There are certain statements made in the book as fact that some otologists in this country might take exception to. The author placed considerable reliance on whisper and spoken voice tests without the aid of electrical monitoring: these tests have been largely abandoned in this country. He states that osteogenesis imperfecta and otosclerosis are associated. It is felt by some that the stapes fixation occurring in osteogenesis imperfecta is not due to the same pathological process that occurs in otosclerosis. The statement is made that surgical decompression of the petrous pyramid portion of the facial nerve and geniculate ganglion are not possible in cases of Ramsey-Hunt syndrome. Recent advances in this country make this statement void.

The author states that far-advanced otosclerosis cases, where the bone conduction cannot be measured due to the limitation of the output of the bone conduction oscillator, are not suitable candidates for surgery. We disagree with this opinion, as surgery for these individuals may mean the difference between complete deafness and hearing with a hearing aid, although the chances of a successful surgical result are not as good as those for individuals with a mild or moderate sensory-neural component to their hearing impairment. It was also stated that 4 per cent of those individuals undergoing stapes surgery develop a total loss of hearing. These statistics are not borne out by those reported by most investigators in this country.

The author states that the most frequent cause of vertigo is Meniere's disease—that is the symptom complex consisting of recurrent episodes of vertigo accompanied by transitory, but gradually progressive, hearing impairment, tinnitus and the sense of pressure in the ears. Most otologists in this country report that most of the cases of vertigo seen are due to vestibular neuronitis or vascular insufficiency to the inner ear. Only a small number of these individuals with vertigo have true Meniere's disease.

Mr. Mawson says that the caloric response is found to be decreased invariably in the case of an acoustic neuroma. We submit that this is true in advanced cases, but if the diagnosis can be made prior to the onset of vestibular hypofunction, then it is possible to remove the neuroma without sacrificing the facial nerve, a complication occurring in all of such cases, according to the author. In this connection, it is stated that once a diagnosis of an acoustic neuroma is made, the patient should be transferred to the neurosurgeon. Recent advances in this country indicate that this is